

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90081 012 ****61.25

DOCUMENT # 717558

1. Entity Name

CHRIST UNITED METHODIST CHURCH OF LAKELAND, INC.

Principal Place of Business

Mailing Address

**745 LAKE MIRIAM DRIVE
 LAKE LAND FL 33813-2152**

**745 LAKE MIRIAM DRIVE
 LAKELAND FL 33813-2152**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6532651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARNER, DON
 2151 STONEY POINTE DR
 LAKELAND FL 33813**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Don Varner**

Feb. 11, 2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M** ☒ Delete
 NAME **VARNER, DON**
 STREET ADDRESS **2151 STONEY POINTE DR**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☒ Addition
 NAME **Chairperson -Administrative Committee**
 STREET ADDRESS **Beth Cotney**
 CITY-ST-ZIP **3129 Buckingham Avenue
 Lakeland, FL 33803**

TITLE **T** ☐ Delete
 NAME **POLONCZYK, LISA H R**
 STREET ADDRESS **5527 KINGS MONT DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CPCT** ☒ Delete
 NAME **WESTBROOK, MICHAEL**
 STREET ADDRESS **5415 MARINA COVE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☒ Addition
 NAME **Chairperson - Pastor-Parish Relations**
 STREET ADDRESS **Tom Grgurich**
 CITY-ST-ZIP **5947 Topher Trail
 Mulberry, FL 33860**

TITLE **CTT** ☒ Delete
 NAME **DVORAK, FRANK**
 STREET ADDRESS **210 CARLISLE ROAD**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Change ☒ Addition
 NAME **Chairperson- Board of Trustees**
 STREET ADDRESS **Rick Smither**
 CITY-ST-ZIP **937 Hanover Way
 Lakeland, FL 33813**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa H. R. Polonczyk

Feb. 11, 2002

Date

Daytime Phone #

CR2E037 (9/01)